

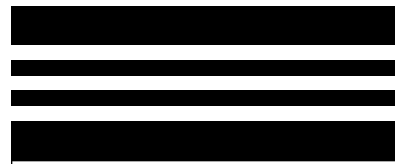


Architect Renewal Application

Use this form to renew your Architect license.

Mail this completed form and a check or money order for the renewal fee payable to the Department of Licensing) to:

Washington State Board for Architects
Department of Licensing
PO Box 35001
Seattle WA 98124-3401



Fees

\$75 if paid up to 30 days after the expiration date

\$100 if paid between 31 days and 2 years after the expiration date

If your license expired more than 2 years ago, call us at (360) 664-1388 to determine your renewal fee

Applicant information

PRINT or TYPE Name (Last, First, Middle)		License number	
Mailing address			
City		State	ZIP code
(Area code) Residence telephone number	Email		

Criminal history

Answer the following

If yes, please attach an explanation on additional sheet.

In this state or any other jurisdiction, are you or have you:

1. Within the last 10 years, had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? ☐ Yes ☐ No
2. Within the last 10 years, defaulted or been convicted of or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic offenses.) ☐ Yes ☐ No

Professional development

Certification

I have completed a total of 24 professional development hours within the last two years and

I understand these hours are subject to audit. ☐ Yes ☐ No

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place

X

Applicant signature